provisions of Section 9 and requirement of carrying out the tests prescribed in Rule 4, certification in Form-3 to review the definition of "near relative" and make its recommendations in the light of the observations made.

4. examine and specify the organs for transplantation of which the tests prescribed in Rule 4(1 )(c) to establish the factum of being "near relative" need not be carried out when other evidence is available.
5. Examine the feasibility of establishing and setting up Organ Procurement Organizations with data bank to facilitate the dissemination of information on availability of organs for transplantation to encourage organ donation especially from cadavers, cases of brain stem deaths and other deceased persons, who had authorized removal of organs upon demise.
6. Examine the feasibility of creation of a fund, the corpus to be provided partly come from the Union of India and partly by levying a fixed charge on the total bill of the hospital for transplantation and/or public donations, for providing social incentives to a donor.
7. Examine and recommend ways and means to give such incentives, including but not limited to help and aid any preferred health care, recognition and honour to a donor in the community.
8. Examine the causes that lead to exploitation of poor and unaware persons in the process of organ donation and Suggest methods to reduce, control and ultimately eradicate such malpractices Recommend programmes for dissemination of correct information of ethical, legal and devising procedure concerning organ donation so that a conducive atmosphere is generated and disinformation and misgivings are dispelled.
9. Any other matter relevant to the subject.

**Government's various health programme**

4749. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the specific items relating to Ministry of Health and Family Welfare that find place in the Government's Common Minimum Programme;

(b) what specific steps have been taken by Government towards achievement of each of these items; and

(c) the plan of action if drawn, on each item?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The National Common Minimum Programme has *inter-alia* laid down the following priorities for the health sector is:

(i) Raise public spending on health to at least 2-3% of GDP over the next five years with focus on primary health care.

(ii) Stepping up public investment in programme to control all communicable diseases

(iii) Provide leadership to National AIDS control effort.

(iv) Take all steps to ensure availability of life saving drugs at reasonable prices.

(v) Population Stabilization Programme focusing on high fertility States.

(vi) National scheme for health insurance for poor families

(b) and (c) A number of measures have been undertaken to achieve the priorities laid down in the NCMP. A significant step up in the allocation for health has been made. Budgetary allocation for health sector as a whole has increased by about 30% in 2005-06 over that of 2004-05. Higher outlays have been allocated for communicable diseases. A plan of action for convergence between activities of NACO and Family Welfare has been prepared by a Task Force aiming to step up presence of NACO at sub district levels. Efforts are also being made to mainstream HIV/AIDS programme; ensure multi sectoral involvement, promote intensive public awareness programme, etc. For achieving the objective of making available life saving drugs at reasonable prices, a Task Force has already been constituted by Ministry of Chemical & Fertilizers to explore various options available, other than price control. In respect of health insurance, the revised Universal Health Insurance Scheme was launched by the Public Sector General Insurance Company on 20th Sept, 2004. Under the policy, a total of 65665 BPL families was covered upto 31st March, 2005. The National Rural Health Mission launched on 12th April, 2005 attempts acrchitectural correction in the basic healthcare delivery system. The Mission aims to reduce regional imbalances in health infrastructure, pooling of resources, integration of organizational structures, optimization of health manpower, operationalizing community health centres into functional hospitals etc.